

VIRGINIA HIV PREVENTION EVALUATION SYSTEM

❖ Participant Enrollment Form ❖

Tables G1, G2, G3, H - PEMS-Compliant Version 2.0

Agency:

Intervention Code & Name:

DEMOGRAPHICS – TABLE G1

G102. PEMS ID _____

(will be generated by PEMS)

G101. Enrollment Date: ____/____/____

G103. Local Participant Identifier:

1st & 3rd letter of first name _____ 1st & 3rd letter of last name _____

G109. Known as: (AKA, optional) _____

G110, G111, G112. Date of birth: ____/____/____
Mon/ Day/ Year

G114. Ethnicity - Is the client of Hispanic or Latino/a ethnicity or origin?

☐ Yes ☐ No ☐ Refused to answer ☐ don't know

G116. Race (check all that apply)

- ☐ American Indian or Alaskan native
- ☐ Asian
- ☐ Black or African-American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Don't Know

G120. State of residence: _____

G123. Gender at birth: ☐ Male ☐ Female

G124. Current gender: ☐ Male ☐ Female ☐ Transgender (MTF) ☐ Transgender (FTM)

RISK PROFILE –TABLE G2

G201. Was the client incarcerated in the last 90 days?

- ☐ Yes
- ☐ No
- ☐ Refused to answer
- ☐ Not Asked

G202. In the last 90 days, did the client derive some or part of their income from engaging in sexual intercourse (sex worker)?

- ☐ Yes
- ☐ No
- ☐ Refused to answer
- ☐ Not Asked

VIRGINIA HIV PREVENTION EVALUATION SYSTEM
❖ Participant Enrollment Form ❖
Tables G1, G2, G3, H - PEMS-Compliant Version 2.0

Agency:

Intervention Code & Name:

G203. In the last 90 days, what was the housing status of the client?

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Permanently | <input type="checkbox"/> Non-permanently Housed |
| <input type="checkbox"/> Institution | <input type="checkbox"/> Other |
| <input type="checkbox"/> Not Asked | <input type="checkbox"/> Refused to answer |
| <input type="checkbox"/> Don't know | |

G204. Does the client report having an HIV test prior to enrollment in this intervention?

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Not Asked | <input type="checkbox"/> Refused to answer |
| <input type="checkbox"/> Don't know | |

G205. What is the client's current self-reported HIV status?

- ☐ Positive
- ☐ Negative
- ☐ Not Asked
- ☐ Refused to answer
- ☐ Don't know

G206*. If the client reports being HIV-negative, what is the date of the **LAST** HIV-negative test?

____/____/____

G207*. If the client reports being HIV-positive, what is the date of the **FIRST** positive HIV test?

____/____/____

G208*. If the client is HIV-positive, is the client currently receiving care for HIV either through antiretroviral therapy or prophylaxis treatment for opportunistic infections?

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Not Asked | <input type="checkbox"/> Refused to answer |
| <input type="checkbox"/> Don't know | |

VIRGINIA HIV PREVENTION EVALUATION SYSTEM

❖ Participant Enrollment Form ❖

Tables G1, G2, G3, H - PEMS-Compliant Version 2.0

Agency:

Intervention Code & Name:

G209*. If the client is female, is the client pregnant?

- ☐ Yes
- ☐ No
- ☐ Refused to answer
- ☐ Not Asked
- ☐ Don't know

G210*. If the client is pregnant, are they currently receiving prenatal care?

- ☐ Yes
- ☐ No
- ☐ Refused to answer
- ☐ Not Asked

G211. In the past 90 days, has the client engaged in any of the following behaviors?

Please check all that apply:

- ☐ Injection Drug Use
- ☐ Sex with a transgender
- ☐ Sex with a female
- ☐ Sex with a male
- ☐ No risk identified
- ☐ Did not ask
- ☐ Client refuses to answer
- ☐ Other (specify): _____

G212*. In the past 90 days, has the client's risk behavior included any of the following:

☐ No additional risk information specified, or (check all that apply)

- ☐ Participated in sex events in exchange for drugs or money
- ☐ Used alcohol and/or illicit drugs before and/or during sex
- ☐ Client had sex with a person who is an IDU
- ☐ Client had sex with a person who is HIV positive
- ☐ Client had sex with a person whose HIV status is unknown
- ☐ Client had sex with a person who exchanges sex for drugs or money
- ☐ Client is female and has had sex with a person who has male to male sex
- ☐ Client had sex with a person whose identity was unknown to the client
- ☐ Client had sex with a person who has hemophilia or is a transfusion/transplant patient
- ☐ Refused to answer
- ☐ Not Asked

G213*. Has the client been diagnosed with syphilis, gonorrhea, or Chlamydia in the last 90 days?

- ☐ Yes, self-report
- ☐ Yes, laboratory confirmed
- ☐ No

VIRGINIA HIV PREVENTION EVALUATION SYSTEM

❖ Participant Enrollment Form ❖

Tables G1, G2, G3, H - PEMS-Compliant Version 2.0

Agency:

Intervention Code & Name:

- ☐ Not Asked
☐ Don't know

G3 Confirmed HIV Status

G301. Client's confirmed HIV test result:

- ☐ Positive/reactive
☐ NAT-positive
☐ Negative
☐ Indeterminate
☐ Invalid
☐ No result

G302. HIV test date: ____/____/____

G303. Documentation source for confirmed HIV test result:

- ☐ Within agency
☐ External test result – agency provided
☐ External test result – client provided

G304. Confirmation date – date that HIV test result received at agency: ____/____/____

H - Intervention Characteristics

H02*. Intended number of sessions for this client: _____ or ☐ unknown

H13. Recruitment Source – *(the means by which the client entered the intervention)*
(Please choose only one)

- ☐ Agency (if agency, go to question H18, otherwise you are through!)
☐ Health Communication/Public Information
☐ Self
☐ Partner
☐ Friend and/or family member
☐ Other (specify) _____
☐ Don't Know

VIRGINIA HIV PREVENTION EVALUATION SYSTEM

❖ Participant Enrollment Form ❖

Tables G1, G2, G3, H - PEMS-Compliant Version 2.0

Agency:

Intervention Code & Name:

ANSWER REMAINING QUESTIONS ONLY IF RECRUITMENT SOURCE IS AGENCY:

H18*. Indicate the type of service that the agency was providing when the referral was made:

- ☐ Counseling and Testing
- ☐ Health Communication/Public Information
- ☐ Partner Counseling and Referral Services
- ☐ Comprehensive Risk Counseling and Services
- ☐ Outreach
- ☐ Health Education/Risk Reduction
- ☐ Intake/screening
- ☐ Other
- ☐ Don't Know

H19*. Indicate the type of setting that best describes from where or what place the referral was given:

<p>Inpatient Facility:</p> <ul style="list-style-type: none"><input type="checkbox"/> Hospital<input type="checkbox"/> Drug/Alcohol Treatment<input type="checkbox"/> Other (specify _____)<input type="checkbox"/> Unknown <p>Outpatient Facility:</p> <ul style="list-style-type: none"><input type="checkbox"/> Private medical practice<input type="checkbox"/> HIV specialty clinic<input type="checkbox"/> Prenatal/OBGYN clinic<input type="checkbox"/> TB Clinic<input type="checkbox"/> Drug/Alcohol treatment clinic<input type="checkbox"/> Family Planning<input type="checkbox"/> Community mental health<input type="checkbox"/> Community health clinic<input type="checkbox"/> School/University clinic<input type="checkbox"/> Health Department/Public health clinic<input type="checkbox"/> Health Department/Public health clinic– STD<input type="checkbox"/> Other<input type="checkbox"/> Unknown	<p>Community setting:</p> <ul style="list-style-type: none"><input type="checkbox"/> AIDS service Organization – non-clinical<input type="checkbox"/> School/Educational facility<input type="checkbox"/> Church/Mosque/Synagogue/Temple<input type="checkbox"/> Shelter/Transitional Housing<input type="checkbox"/> Commercial<input type="checkbox"/> Residential<input type="checkbox"/> Bar/Club/Adult entertainment<input type="checkbox"/> Public Area<input type="checkbox"/> Workplace<input type="checkbox"/> Community Center<input type="checkbox"/> Other (specify _____) <ul style="list-style-type: none"><input type="checkbox"/> Emergency Room<input type="checkbox"/> Blood Bank, Plasma Center<input type="checkbox"/> HIV Counseling and Testing Site<input type="checkbox"/> Correctional Facility<input type="checkbox"/> Other Facility, specify _____
---	--